FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1		(See instruction	ine)					
		(See instruction	113)			Of	fice use only	
NAME OF COMMITTEE (in	full)	(Check if name is changed)		nple: If typying, type the lines	12FE	4M5		
Hunter for Pre	sident Inc.							
								لـــــا
ADDRESS (number and	street) 9340	Fuerte Drive, S	uite 302			ш		لبي
(Check if add	ress					ш		لبب
is changed)	La M	esa 			CA		91941   -	لب
COMMITTEE'S E-MA	IL ADDRESS		CITY		STATE	•	ZIP CODE 4	<b>L</b>
treasurer@go								1
ш						шш		
COMMITTEE'S WEB	PAGE ADDRESS (U	₹L)						
www.gohunte	er08.com 							لــــا
COMMITTEE'S FAX I 619-463-2970	M / D D / Y	YO O 7 Y						
3. FEC IDENTIFICA	ATION NUMBER	[	C COO	431411				
4. IS THIS STATEM	MENT X NEW	(N) OR		AMENDED (A	.)			
I certify that I have exam	ined this Statement and	to the best of my kno	owledge an	d belief it is true, corre	ect and complet	te		
Type or Print Name of	Treasurer	Bruce Young						
Signature of Treasure	r Electronically Filed	d by <b>Bruce You</b>	ung		Date	<b>04</b>	<b>0 9</b> / Y	<sup>×</sup> 2 0 0 7
NOTE: Submission of fa			-	ne person signing this			of 2 U.S.C. S437g.	
Office Use Only				For further informated Federal Election Control Free 800-424-95 Local 202-694-1100	nmission 530		FEC FORM (Revised 02/2003	

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5.	TYPE OF COMMITTEE (Check One)															
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)															
	(b)	b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)														
	Name of Duncan Hunter Candidate															
	Candidate Party Affiliation	REP		Office Sought:		House		Senat	e X	Pres	sident		State Distr			
	(c)	This committee	supports/o	opposes only	one cand	didate, an	d is NOT	an autho	rized com	mittee.						
Name of Candidate																
(Mational, State (Democratic, Republican, etc.)							:.) Pa	arty.								
	(e) This committee is a separate segregated fund															
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.															
6.	Name of Any	Connected Orç	ganization	or Affiliated	d Commi	ittee										
	1 1 1 1 1							1 1								
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_			1													
	Mailing Addres	SS														
	CITY▲ STATE ★ ZIP CODE ▲															
	Relationship															
Type of Connected Organization:																
Corporation Corporation w/o Capital Stock Labor Organization																
		bership Organiza	ation			ssociation					perative					

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Write or Type Committe	e Name							
Hunter for Presi	ident Inc.							
	rds: Identify by name, mmittee books and rec		nber optional), and pos	sition of th	e person in			
Full Name Bruce Young								
Mailing Address	9	340 Fuerte Drive, Su	uite 302					
	L	.a Mesa		<u> </u>	91941			
Title or Position ▼		CITY A	STA	ΓE▲	ZIP COI	DE A		
Cu	ıstodian		Telephone number	619	463	3896		
Full Name of Treasurer  Mailing Address	Bruce Young	340 Fuerte Drive, Su	uite 302					
	L	a Mesa		<u> </u>	91941			
Title or Position ♥		CITY A	STA	ГЕ▲	ZIP CO	DE 🛦		
Tre	easurer		Telephone number	619	463	3896		
Full Name of Designated Agent	Meredith G Kelly							
Mailing Address	V	Villiams & Jensen						
	1	155 21st Street NW	# 300					
	V	Vashington		<u> </u>	20036 _			
Title or Position ▼		CITY A	STA	ΓE <b>Α</b>	ZIP COL	DE A		
As	sistant Treasurer		Telephone number	202	973	5938		

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9.	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.							
	Name of Bank, Depository, etc.							
	North I	sland Financial Credit Union						
	Mailing Address	301 N. Magnolia Ave, Suite 302						
		El Cajon CA 920	020   _ [					

STATE ∠

 $\textbf{ZIP CODE} \quad \triangle$ 

CITY 🗷

Corporation

Membership Organization

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Banks or Other Depositorie safety deposit boxes or maint Name of Bank, Depository, et	ains funds.		nts, rents
JPMo	rgan Chase Bank		1 1 1 1 1 1
Mailing Address	50 South Main Street		
	Akron	OH 443	08
	CITY △	STATE 4 ZII	P CODE A
Name of Any Connected C	rganization or Affiliated Committee	[ ADD	TIONAL ]
			1 1 1 1 1
Mailing Address			
-			
	CITY	STATE A Z	IP CODE A
Relationship			1 1 1 1 1 1
Type of Connected Organiza	tion:		

Corporation w/o Capital Stock

Trade Association

Labor Organization

Cooperative

Designated Agent			[ ADDITIONAL ]
Full Name  Mailing Address			
Title or Position ♥	CITY A		ZIP CODE A
	т	elephone number	